STATE LICENSE  (X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION)	1685 VALLE Suite 200 BETHLEHE	S, CITY, STATE, ZIF Y CENTER P M, PA 18017  ID PREFIX TAG  S 0000		OULD BE	(X5) COMPLETE DATE
PREFIX TAG	MUST BE PRECEEDE IDENTII	ED BY FULL REGULATORY OF		PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	COMPLETE
S 0000 1	INITIAL COMMENT			S 0000			
	This report is the result survey initiated on July offsite on July 26, 2023. Center It was determine compliance with the repennsylvania Department Regulations for Ambul A, Title 28, Part IV, Su 551-573, November 19	220, 2023, and comp 3, at Valley Eye Surgared the facility was requirements of the ent of Health's Rules latory Care Facilities abparts A and F, Cha	pleted gical not in s and s, Annex				
S 0115				S 0115			
LABORATORY DI	RECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200		B. WING: _		07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 0115	criteria for ambulatory surge apply to the performance of under 18 years of age.	ia set forth at 551.21 (recry), the following criter ambulatory surgery on ecord shall include I's primary care provided a facility and that a primary care provider as of the use of the facilities such an opinion from r is not obtainable, the rentation which explains a obtained.	elating to ria shall children  r was ace of a at an aity for in the medical	S 0115	Corrective Action:  Valley Eye Surgical Center (has revised the "Pediatrics Peto include language stating that to the date of surgery, for any individual under the age of 1 affirmative response from the patient's PCP/Pediatrician, indicating that it is appropriate the patient to have the process Valley Eye Surgical Center, present on the Medical Histor Physical Assessment Form (and the process of the H&P form, the medical response to the H&P form, the medical response to the H&P form, the medical response to the surgical process of the patient of the policy further states that such a statement is not present the H&P form, the medical response to the process of the patient of the process of the patient of the process of the process of the process of the patient of the process of the process of the patient of the process	olicy" hat prior y 8, an at te for dure at must be ory and H&P). when nt on ecord which n could licy will later  mpleted res. For	Completion Date: 08/29/2023 Status: APPROVED Date: 08/30/2023

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	YY
		39C0001200		B. WING: _		07/26/2023	
VALLEY	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0115	Continued from page 2			S 0115	had already sent in the H&P, separate note was sent to the confirm that it would be approred to the patient to have the sciprocedure performed in an Ambulatory Surgical Center, the H&P had not yet been completed, and for all procedinvolving individuals under moving forward, additional language has been added to the H&P form requiring the phy to explicitly agree or disagre the following statement: "the procedure proposed for this performed at procedure proposed for the procedure group Surgical Center, Ambulatory Surgical Center, Ambulatory Surgical Center, Receipt of this form, with an affirmative response from the regarding the procedure being performed at Valley Eye Surgical Center, as an ASC, will be reprior to surgery. The response the PCP will be scanned into patient's electronic medical reason VE unable to obtain the opinion PCP, there will be document.	e PCP to ropriate heduled  . Where dures 18  the sician re with red at an        .	

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	CATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLII  AN OF CORRECTION (POC) IDENTIFICATION NUMBER  (XI) PROVIDER/SUPPLII				PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200			<u></u>	07/26/2023	
VALLEY F	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0115	Continued from page 3			S 0115	the medical record as to why opinion could not be obtaine nursing and administrative stope educated on this requirem 1:1 training with sign in sheet Responsible Party: Director of Nursing  Monitoring Activity: The DON or his designee with perform an audit of all pediate charts for a period of 60 dayensure sustained compliance this requirement will be more via the Nurse Chart Audit to Results of the Nurse Chart Atool are reported to the QAP Committee at the regularly scheduled quarterly meeting Noncompliance will be repothe Governing Board ("GB") Administrator.	ed. All taff will nent via et.  ill ttric s, to e. Then, nitored ol. Audit I s. rted to	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 07/26/2023	ΞY
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 0115	Based on a review of fareview (MR) and interview and many care physician regarding the appropriate procedure in an ambulation of two pediatric medical and MR9).  Findings include:  Review on July 20, 202 "Pediatrics Policy," apprevealed the policy did facility to notify the PC appropriateness of perfacts.  1. Review on July 20, 202 patient's date of birth we presented to the surger procedure July 14, 202 no documenation the contract of the service of the procedure July 14, 202 no documenation the contract of the surger procedure July 14, 202 no documenation the contract of the service of the surger procedure July 14, 202 no documenation the contract of the service of the ser	views with staff (EMility failed to notify and seek an opinion ateness of performinatory surgical facility all records reviewed (23, of facility policy) proved March 12, 20 not address the need (24) for an opinion region and the procedure for an opinion region of MR4 reveal was July 21, 2018, and y center for a surgica 3. Further review residues and seek and se	IP), it was the child's in g the y for two (MR4  ) ) ) ) ) ) ) d for the garding the re in an  led the id al vealed	S 0115			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		, ,	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/26/2023	EY	
VALLEY I	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501	L	STREET ADDRESS, CITY, STATE, ZIP CODE: 1685 VALLEY CENTER PARKWAY Suite 200 BETHLEHEM, PA 18017					
(X4) ID PREFIX TAG	MUST BE PRECEED!	F OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 0115	was notified by the surperformance of a procesurgical facility and the primary care provides appropriateness of the proposed procedure. For documentation that expenses are not obtained.  2. Review on July 20, patient's date of birth where procedure July 14, 202 no documenation the companion of a procesurgical facility and the primary care provides appropriateness of the proposed procedure. For documentation that expenses are not obtained.	edure in an ambulator at an opinion was so der regarding the use of the facility for urther review reveals plained why such an 2023, of MR9 reveals was November 2, 2027, or center for a surgical 23. Further review reschild's primary care progeon in advance of the dure in an ambulator at an opinion was so der regarding the use of the facility for urther review reveals.	ught from  r the ed no opinion  led the 21, and al vealed brovider he bry ught from  r the ed no	S 0115				

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	CORRECTION (POC)  (AI) PROVIDERSUPPI IDENTIFICATION NUI  39C0001200			A. BLDG:00			(X3) DATE SURVEY COMPLETED:  07/26/2023	
VALLEY I	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501		STREET ADDRESS, CITY, STATE, ZIP CODE: 1685 VALLEY CENTER PARKWAY Suite 200 BETHLEHEM, PA 18017					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0115	Interview with EMP1 of approximately 1:30 PM documentation that the an opinion sought as to performing the procedumR9.	A confirmed there was child's PCP was not the appropriateness	tified and of	S 0115				
S 033A				S 033A				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SU COMPLETED  A. BLDG:00  B. WING: 07/26/202;		EY
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 7  553.3 (1) Governing Body I  553.3 Governing Body respo (1) Conforming to local laws.  This REGULATION is not	nsibilities include: o all applicable Federal,	State, and	S 033A	Corrective Action:  S033A #1  The center's current Infection Control Plan does reference nationally recognized guidel standards " The Infection Prevention and Control Plan based upon nationally recogn guidelines and standards for prevention and control of infincluding but not limited to AORN, ASORN, AAMI, AFOSHA." Additionally, while "Multidose Ophthalmic Drop Ointment (MODO)" policy of include the statement "when multi-dose eye drops in a surfacility it is acceptable for exdates to follow manufacturer recommendations if multi-dodrops are labeled and handle CDC guidelines," that piece guidance was taken from one source documents for the Mopolicy that itself referenced to guidelines.  That source document, which listed as a resource on the More and the More an	ines and  is nized the fection, CDC, PIC, and the ps and does using rgical spiration r's ose eye d per of e of the ODO che CDC	Completion Date: 08/29/2023 Status: APPROVED Date: 08/31/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		39C0001200			<u></u>	07/26/2023	
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 8			S 033A	policy, is titled "Reducing Towaste in Ophthalmic Surger was a Multisociety Position In published by the American Sof Cataract and Refractive Sof The American Academy of Ophthalmology, The American Society, and the Outpatient Ophthalmic Surger Society." The CDC guidance referenced in that article is: "to Infection Prevention for Outpatient Settings: Minimus Expectations for Safe Care ("Guide")" Centers for Disea Control and Prevention, Natic Center for Emerging and Zoo Infectious Diseases; Division Healthcare Quality Promotion Version 2.3 - September 2016. https://www.cdc.gov/infectionoutpatient/guide.pdf. The Guide referenced above indicates that before adminiselye drops, hand hygiene must performed correctly. In sum, MODO policy is stating that	y" and Paper Society urgery, ean ery Guide m ase ional onotic n of on, oncontr	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200			<u> </u>	07/26/2023	
VALLEY I	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER :	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 9			S 033A	acceptable for expiration dat follow manufacturer's recommendations if multi dose eye drops are labeled a person handling the eye drop performed correct hand hygi procedures. The other resource referenced in the MODO policy is the America Society of Ophthalmic Regist Nurses ("ASORN") Recommendations. Accessed 11, 2022. https://asorn.org/proferesources/policies and recommendations/asorn recommended practice use of multi-dose-medication. This states "Eyedrop medications as multi-dose may be used for than one patient if, and only aseptic technique and standar precautions are followed." The article goes on to list very sponding and standard precautions of the appropriate aseptechnique and standard precautions of Multi-dose Ophthalmic I and Ointments.	and the ps has gene ce can stered mended d' March essional of article labeled or more if, and the pecific tic autions	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	YY
		39C0001200		A. BLDG:00_ B. WING:			
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 10			S 033A	VESC believes this guidance supports the use of multi-dose eyedrops if administer the proper procedures. A revised Infection Control Plan is being written to include these explipations of the procedures. It will be comples submitted for approval by September 30, 2023. All important staff will be re-trained on the procedures within 30 days of Department of Health approval Peartment of Health approval Peartment of Health approval Monitoring Activity:  The DON/Infection Control will present the revised Infection Control Plan (ICP) to the Infection Committee (ICC) up approval from the DOH and the inclusion of multiuse medications is present. Will present a report to the Q Committee at the quarterly in The GB will have final approach the Infection Control Plan.	ed per  I ng icit eted and bacted ese f the val.  of turse  Nurse etion fection fection oon ensure  The ICC OAPI neeting.	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: <b>07/26/2023</b>	ΣΥ	
VALLEY I	ME OF PROVIDER OR SUPPLIER:  ALLEY EYE SURGICAL CENTER  ATE LICENSE NUMBER: 20331501  44) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE			STREET ADDRESS, CITY, STATE, ZIP CODE: 1685 VALLEY CENTER PARKWAY Suite 200 BETHLEHEM, PA 18017				
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 11			S 033A	S033A#2 Each page of the current IC 1/10 in the bottom left corne page; that is the date the plar implemented. The facility had email of acceptance for their dated 1/29/2010. The center attach a copy of the acceptance email to the current plan. The revised plan will clearly stated date of development, the data approval by the IPC Committhe date of approval by the Committed the current Infection Control under the heading "Other Accepts." Teaching advisories provided under School (4) received by this Arelated to appropriate infection control and anti-transmission for this ASC and information received from other professions sources, will be reviewed in education programs, forwarded to the medical state posted for review by employ This document was submitted email on 7/25/23.	r of the n was as an IC Plan will nce e e the e of ttee and GB. In Plan etions" — All ection ASC on n topics n onal inservice  ff, and rees."		

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200		A. BLDG:00 B. WING:		07/26/2023	
VALLEY 1	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 12			S 033A	The revised version of the In Control plan does include the procedure for the distribution Patient Safety Advisories, as multi-use eye drops and oint The revised version of the In Prevention and Control Plan completed and submitted to DOH for review by 9/30/23. center will continue to distril Patient Safety Advisories to in the common area.  Responsible Party: Director on Nursing  Monitoring Activity: The DON/Infection Control Nursing present the revised ICP to the Committee upon approval from DOH and ensure the inclusion Patient Safety Advisories Edis present, as well as multius ophthalmic medications. The Infection Control Committee present a report to the QAPI Committee at the quarterly in The GB will have final approximations.	e e n of the swell as ments. Ifection will be the The bute the the staff of se will e ICC om the on of ducation se e e will meeting.	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200		B. WING: 07/26/202			
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 13			S 033A	the Infection Prevention and Plan.	Control	

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,		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: <b>07/26/2023</b>	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033A	Based on review of fact with staff (EMP), it was to conform to applicable. Valley Eye Surgery Cewith the following State. "Act 52 of 2007, Media Reduction of Error (Mediath Care-Associated 1303.403. Infection coand Compliance With date of this section, a hambulatory surgical fact implement an internal in the established for the phealth and safety of parand shall include (2) detection, control, and health-care-associated procedure for distributing section 405(b)(4) so as	enter was not in come law:  cal Care Availability CARE) Act Chapter d Infections 40 P.S.§ ntrol plan (a) Development of the care facility are cility shall develop a compose of improving tients and health care prevention of infections (8) The compose of advisories issued to grant of a compose of the care facility and the care	pliance  y and 4. Sopment effective and an and n that shall g the e workers for the  educed under	S 033A			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001200			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_  B. WING:		(X3) DATE SURVEY COMPLETED: 07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033A	each health care facility for all administrative st medical personnel and health care workers.  This is not met as evidenced by:  Based on review of facility documents and interwith staff (EMP), it was determined the facility to ensure their multi-use medications followed to established infection control plan and failed to provide a procedure for the distribution of the Patient Safety Advisories.  Findings include:  1.Review on July 20, 2023, of the facility documents and Control Plan, not dated, revealed not revent and Control Plan, and to complete to ensure the health, safety, and protection again healthcare associated infections and to complete to ensure the health, safety, and protection again the safety associated infections and to complete the safety and protection again the safety associated infections and to complete the safety and protection again the safety as safety and protection again the safety associated infections and to complete the safety and protection again the safety associated infections and to complete the safety and protection again the safety associated infections and to complete the safety associated infections and to complete the safety as the safety as the safety and protection again the safety as the safety and protection again the safety as		interview cility failed wed their d to the locument vention The ol Plan is against	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER  39C0001200			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/26/2023	EY	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEN	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 033A	with the requiements of infection preventation facilties The infection is based upon national standards CDC"  Review on July 20, 20, "Multidose Opthalmic approved March 1, 202, 'Reducing Topical Dru Surgery' Multisociety I when using multi-dofacility it is acceptable manufacturer's recommendation are labeled, hand A request was made on approximately 2:25 PM guidelines that support provided.	and control in health on prevention and control in prevention and control in prevention and control in prevention and control in properties and Ointment 23, revealed "Resour greated "Resour	t" ces ic ic ion essay) rgical to follow lose eye ines"	S 033A			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200		A. BLDG: <u>00</u> B. WING:		07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH I MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	2.Review on July 25, 2 "Valley Eye Surgical Control dated, revealed no of the Patient Safety A	Center Infection Con provisions for the di	trol Plan"	S 033A			
	Interview on July 25, 2023, with EMP2 at approximately 2:40 PM confirmed they did the CDC guidelines for the use and handlir multi-dose eye drops and confirmed the intercontrol plan did not include provisions for distribution of the Patient Safety Advisorie		ng of Section the				
S 312G				S 312G			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED:	
		39C0001200				07/26/2023	
VALLEY	IVIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	Y CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 312G	patient's bill of rights:	he minimal provisions for the right to expect emotes essary delay.		S 312G	Corrective Action: The Policy "Patients' Rights and Responsibilities" has bee revised to include the statement "The patient has the right to expect emergency procedures to be implemented without unnecessary delay" The policy was approved by the GB on 8/8/2023. The statement was also added to the Patients' Rights document that is posted in the waiting room and available to patient upon admission.  Responsible Party: Administrator  Monitoring Activity: The patients Bill of Rights and Responsibilities In added to the chart audit tool be monitored quarterly and report and to the QAPI Committee. The Administrator will report any noncompliance to the GB.	tient of the atient has been and will reported e	Completion Date: 08/29/2023 Status: APPROVED Date: 08/30/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER				IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	(X3) DATE SURVEY COMPLETED:	
		<b>39C0001200</b>		1	00	07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH E MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 312G	Continued from page 19  Based on review of facinterview with staff (E facility failed to ensure implementation of emounnecessary delay.  Findings include:  Review on July 21, 202  "Rights of Patients" aprevealed no provision in expect emergency procedures without unnecessary delay.  Interview on July 26, 2  AM with EMP1 confiremergency procedures not included in the facility.	MP), it was determine a patient's rights for ergency procedures was a proved March 12, 20 at was the right of a produced to be implementated as the implementate without unnecessary.	ned the rethe vithout  nent 023, patient to nented  ly 9:00 tion of y delay is	S 312G			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6110				S 6110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
		39C0001200				07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6110	Continued from page 21  561.1 Drugs & Biologicals of PHARMACEUTICAL SER  561.1 Drugs and Biological  The ASF shall provide and effective manner to meet the needs of support the organization's cl commensurate with their lic accordance with accepted et and applicable State and Fed Pharmacy Act (63 P.S. 390-27 (relating tot he State Boa Substance, Drug, Device an 780-101-780-144) and Charsubstances, drugs, devices a This REGULATION is not	drugs and biologicals in patients, and to adequatinical capabilities enses classification, in hical and professional pleral law, including the 1-390.13), 49 Pa. Coderd of Pharmacy), The Cd Cosmetic ACT (35 P.Ster 25 (relating to contrant cosmetics).	ractice  Chapter ontrolled S.	S 6110	Corrective Action: A new 700 Stat Kit has been ordered to replace the existing one. To center has created a new Medication Expiration Checklist which includes the Stat Kit 700. A staff member will check this kit monthly formedication and supply expiration dates and remove and replace any items that we expire within the next 60 day.  Responsible Party: Director of Nursing  Monitoring Activity: The DON will complete a documented monthly review Medication Expiration Checkle and will perform a surprise inspection of the actual medication in the current process functioning appropriately. The Medication Expiration Checkle and results of the DON's inspections will be reviewed quarterly QAPI Committee in the content of the surprise of the poon's inspections will be reviewed quarterly QAPI Committee in the content of the surprise of the poon's inspections will be reviewed quarterly QAPI Committee in the content of the poon's inspections will be reviewed quarterly QAPI Committee in the content of the poon's inspections will be reviewed quarterly QAPI Committee in the process of the poon's inspection of the process of the poon's inspections will be reviewed quarterly QAPI Committee in the process of the poon's poon of the poon's inspections will be reviewed quarterly QAPI Committee in the process of the poon of the process of the poon of t	The croor control of the klist cations as is the klist at the	Completion Date: 08/31/2023 Status: APPROVED Date: 09/07/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVI COMPLETED: 07/26/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6110	Continued from page 22			S 6110	The Administrator will report noncompliance to the GB.  08/31/2023 Update:  The following medications we noted as missing from the St during the survey: diphenhydroaplets, clonidine tablets, aspectablets, nalbuphrine ampules solu-cortef vials, dextrose 50 prefilled syringes and epinep 1:10,000/ml with intercardia A new Stat Kit 700 has been to fully replace the existing it is scheduled for delivery on September 5, 2023. To ensur deficiency was corrected whe waiting for the new kit to arm following medications were be replaced promptly: diphenhydramine caplets, as solu-cortef, and Epinephrine Prefilled dextrose syringes at backorder, so a 250 ml bag of dextrose was placed in the kit.	vere tat Kit dramine pirin s, )% ohrine to needle. to ordered item and tre the tile rive, the able to pirin, the tre on	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001200		B. WING:			
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6110	Continued from page 23			S 6110	was acceptable for the code of Nalbuphrine is currently on backorder and clonidine was the formulary for VESC, so able to be readily replaced. If VESC has Toradol and Fentacan be used in place of Nalburand Hyrdalazine that can be place of clonidine in stock at for use A breakaway lock hat placed on the existing Kit and placed on the new kit once it A staff member will check the daily for medication and supquantities and expiration data will remove and replace any that will expire within 60 day will replace any items whose supplies have been exhausted.  Responsible Party: DON  Monitoring Activity:  The DON will complete a documented monthly review Medication Expiration Checkwill perform a surprise inspet the actual medications month	a not on it was not However, anyl that uphrine used in nd ready as been d will be t arrives. he kit uply es and items ys and e d.	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/26/2023	ΣY		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1685 VALLEY CENTER PARKWAY Suite 200 BETHLEHEM, PA 18017						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
S 6110	Continued from page 24			S 6110	the next 120 days to verify the current process is functioning appropriately. The Medicatic Expiration Checklist and results the DON's inspections will be reviewed at the quarterly QA Committee meetings. The Administrator will report any noncompliance to the GB.	g on ults of e .PI			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001200		B. WING: _		07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
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S 6110	Continued from page 25  Based on observation and interview with staff, it			S 6110			
	was determined the facility failed to maintain a supply of medications for emergency resuscitation.						
	Findings include:  On July 20, 2023, a policy was requested to for the use and maintenance of the [name of Stat Kit. None provided.						
	Observation on July 20 pre-operative/post-ope approximately 12:30 P kit) that contained eme supplies. Further obse designated spaces for twere empty: diphenhyo tablets, aspirin tablets, solu-cortef vials, dextra and epinephrine 1:10,0 needle.	rative recovery area M revealed a black or gency medications rvation revealed the he following medicadramine caplets, clorualbuphrine ampule ose 50% prefilled sy	case (stat and ations nidine s, ringes,				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_		(X3) DATE SURVEY COMPLETED:	
		39C0001200				07/26/2023	
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 6110	Review on July 20, 202 "Consultant Pharmacy 2023, revealed " the missing diphenhydra tablets, aspirin tablets, solu-cortef vials, dextre  Interview on July 20, 2 PM with EMP1 confirm medications in the stat confirmed they were as medications based on t consultation report.	Report" dated June following medication amine caplets, clonic nalbuphrine ampule ose 50% prefilled sy 2023, at approximate med the emergency kit were missing and ware of the missing	19, ns are dine s, rringes"	S 6110			
S 6128				S 6128			

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PLAN OF CORRECTION (POC) IDENTIFIC		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 6128	Continued from page 27  561.15 Locked Storage  Special locked storage  Special locked storage requirements for storage of and other prescribed drugs a (relating to controlled substacosmetics) and 49 Pa Code construction requirements a controlled substances).  This REGULATION is not	as set forth in Chapter 25 ances, drugs, devices and 27.16 (4) and 27.17 (reland and security for Schedule	lcohol 5 d ating to	S 6128	S 6128 #1 Corrective Action: A new policy has been drafte "Malignant Hyperthermia Ca This policy states that the M is equipped with a breakawa to prevent unauthorized acce references the newly created Malignant Hyperthermia Car checklist which will be used monitor the cart and contain number for the breakaway lo  S 6128 #2: Corrective Action: VESC has purchased a new Cart which allows for the installation of a breakaway lo The new cart has been instal is checked and logged daily Monthly Crash Cart Checkli Monthly Crash Chart Checkli includes a space to log the m on the breakaway lock. The o Supervisor or designee, will the Daily Code Cart checklis ensure it has been completed entirety.	art." H Cart y lock ess and  rt to the ock.  Code  ock. led and on the st. The list umber OR check st to	Completion Date: 08/29/2023 Status: APPROVED Date: 08/30/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/26/2023		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6128	Continued from page 28			S 6128	S 6128 #3: Corrective Action As referenced above, the MI has been equipped with a bre lock. The center has created MH Cart Checklist with a sp log the number on the breakalock. The OR Supervisor will the MH Cart checklist daily ensure it has been completed entirety.  Responsible Party: Director of Nursing  Monitoring Activity: At the end of the month, the DON will review the Monthly Cra Chart Checklist and MH Car Checklist to ensure it has been completed in its entirety.  Noncompliance will be reported to the QAPI Committee by the DON and the GB by the Administrator.	eakaway a daily bace to away Il check to I in its		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001200				07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH E MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6128	Continued from page 29  Based on observation, interview with staff (Elfacility failed to follow ensure medications we unauthorized access.  Findings include:  Review on July 20, 202 Cart" approved March breakaway lock will see but not restrict immedicemergency"  A request was made on a policy that restricted malignant hypertherminal 1.0bservation on July 10,000 AM (Color on July 20,000 AM) (Color on J	MP) it was determing its established policy re stored securely to 23, of facility policy 12, 2023, revealed "ecure the contents of ate access during a runauthorized access a cart. None provide 20, 2023, at approximate approximate 20, 2023, at approximate 20, 2023, at approximate access a cart.	"CodeA the cart medical  MP1 for to the ed.	S 6128			
	1.Observation on July 1 10:00 AM of the crash		-				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/26/2023	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, CITY, STATE, ZIP CODE: 1685 VALLEY CENTER PARKWAY Suite 200 BETHLEHEM, PA 18017					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6128	room hallway revealed Further observation rev was a keypad lock and crash cart.  2.Observation on July 10:00 AM of the blue r located in the operating cart was unlocked. Further type of lock used w sitting on top of the crash.	vealed the type of loc was sitting on top of 20, 2023, at approximalignant hyperthering groom hallway reverther observation reveals a keypad lock and ash cart.	ck used f the mately mia cart aled the realed d was	S 6128			
	Interview on July 20, 2023, with EMP1 conthe code cart and the hyperthermia cart we unlocked at the time of the observation and confirmed the type of locks currently in us not the breakway type to allow immediate the carts.  Interview on July 20, 2023, with EMP2 conthere was no policy for securing the hypert		re e were access to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001200			WING: 07/26/2023		
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6128	Continued from page 31			S 6128			
	cart to restrict unauthor	rized access.					
S 6142				S 6142			

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200	R:				x3) date survey completed: 97/26/2023	
NAME OF PROVIDER OR SUPPLIER: VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY OF LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6142	Continued from page 32  561.25 Distressed drugs, de  561.25 Distressed drugs, de  Drugs, devices and cosmetic deteriorated, unlabeled or in discontinued or obsolete sha pharmacist or responsible p disposed of in compliance v and Federal regulations.  This REGULATION is not	evices and cosmetics es which are outdated, viadequately labeled, recall be identified by the lirectitioner and shall be with applicable Common	alled, censed	S 6142	Corrective Action: All expired medications were removed, discarded and replaced. To add additional controls to the already existi medication management processes, the ASC has adopted an enhanced monitoring plan: Each area/cart that contains medications and supplies that contain an expiration date who be checked during the last operating week of each mon Any medications or supplies that will be expiring within the next 60 days will be marked with a label "Expiring Soon" Medications in the Code and Malignant Hyperthermia car as well as the Stat Kit 700, who is removed from those areas two months prior to the expiration date and replaced new medications from the supply. These activities will noted on the newly created Monthly Medication Expiration Checklist. The	at ill th. che ts vill s	Completion Date: 08/29/2023 Status: APPROVED Date: 08/30/2023	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		39C0001200		B. WING:	07/26/2023		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6142	Continued from page 33			S 6142	department Manager will review the Medication Expiration Checklist each month.  Responsible Party: Director of Nursing  Monitoring Activity: The DON will complete a documented monthly review Medication Expiration Chec and will perform a surprise inspection of the actual medimonthly for the next 120 day verify that the current proces functioning appropriately. The reported to the QAPI Con at the quarterly meetings. An noncompliance will be report the GB by the Administrator	klist ications ys to ss is his will nmittee ny ted to	

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PLAN OF CORRECTION (POC) IDENTIFICA		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: <b>07/26/2023</b>	
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY	,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6142	Continued from page 34  Based on review of fact documents, observation (EMP) it was determine expired medications we cart, malignant hyperthem in the property of the property	and interview with ed the facility failed ere removed from the facility policy days of facility policy days and standards outdated or deteriorate in stock at the Central Policy and the facility policy and the facility policy of the facility policy days and the facility policy days are standards outdated or deteriorate in stock at the Central Policy policy and the facility policy days are standards outdated or deteriorate the facility policy and the facility policy policy and the facility policy	"Expired evealed of ated enter" mately 2023, l-expired expired expired expired	S 6142			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/26/2023		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, CITY, STATE, ZIP CODE: 1685 VALLEY CENTER PARKWAY Suite 200 BETHLEHEM, PA 18017					
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 6142	2.Observation on July 10:00 AM of the opera hyperthermia cart cart medication was expired 4mg/4ml-expired July 3.Observation on July 12:30 PM of the [name following medications 4mg/4ml vial-expired July amiodarone was an export the observation (see Interview on July 20, 2 the location of the medications observed to observation tour of the	ting room malignant revealed the followind: furosemide 1, 2023.  20, 2023, at approximal process of the following state of the following	mately ed the emide arone med the time	S 6142				

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 1		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		39C0001200				07/26/2023	
VALLEY I	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL TAG IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6142	Continued from page 36			S 6142			
S 6734				S 6734			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001200			B. WING:		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER 1	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6734	age appropriate equipment for the types of p the recovery area shall be adequately equipped for postanesthesia recovery of surgical patients. All equ age and size appropriate for the patients treated. The available in the operating suite and recovery area:	ipment  ill be adequately equipper procedures to be perform the proper care of ipment and supplies shall following equipment shall and necessary pulmonary	all be	S 6734	Corrective Action: The facility has ordered 14gauge needle with single valve to be placed on the Co Cart for pulmonary reexpans facility has cricothyrotomy kits in every anesthesia cart and in the difficult airway box. An additional kit has been purchased for the Code Cart. The staff responsible for updating the Code Cart log been re-trained to ensure the are including the emergency tracheostomy and pulmonary expansion supplies in the monthly review when openin the cart to check for contents and expiration dates. The OR Supervisor will revi the Code Cart log daily to ensure it is completed in its entirety; The Code Cart will opened monthly and the contents checked for availab expiration dates.	nas y y ng s ew	Completion Date: 08/29/2023 Status: APPROVED Date: 08/31/2023

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	AN OF CORRECTION (POC) IDENTIFICATION NUMBER: COMI		(X3) DATE SURVE COMPLETED: 07/26/2023	ΞY			
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501			STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6734	Continued from page 38			S 6734	Responsible Party: Director of Nursing  Monitoring Activity: The DO will review the Code Cart chat the end of each month and to the QAPI Committee at the quarterly meeting. The Administrator will report any noncompliance to the GB.	necklist I report ne	

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	DENTIFICATION NUMBER:	A PLPG	00	COMPLETED:	ΞΥ
3:	39C0001200		LDG: _00_ ING: <b>07/26/2023</b>		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501	1 5	STREET ADDRESS, CITY, STATE, ZI 1685 VALLEY CENTER I Suite 200 BETHLEHEM, PA 18017	PARKWAY	•	
	DEFICIENCIES (EACH DEFICE BY FULL REGULATORY OR INFORMATION)		PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
Based on review of facility observations, and interview determined that the facility emergency pulmonary rereadily available in the operation of the provided states of the provided st	ew with staff (EMP) ty failed to ensure -expansion supplies perating suite.  , of facility policy " 2, 2023, revealed ". upply of drugs in the Cart (Crash cart) as ntialing/Quality Courd of Managers"  , of facility docume ecklist," not dated, rency tracheostomy is pansion supplies we	Code The e mmittee ent revealed and			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
		39C0001200		B. WING:			
VALLEY F	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6734	Observation on July 20 10:00 AM of the facility emergency tracheoston expansion supplies were Interview on July 20, 2 AM with EMP1 confirmentain emergency trace pulmonary expansion supplies were pulmonary expansion supplies approximately 10:45 Al Crash Cart Checklist wand supplies approved the emergency crash care	ry's crash cart revealing and necessary pulse not in the crash care 2023, at approximate med the crash cart dicheostomy and necessary pulses.  2023, with EMP3 at M confirmed the Moras a list of all medical by the governing bo	ed Imonary art.  ly 10:15 id not assary  onthly eations	S 6734			
S 6744				S 6744			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001200		A. BLDG: _	TIPLE CONSTRUCTION: (X3) DATE SURV. COMPLETED: (D7/26/2023)		EY
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 41  567.41 MAINTENANCE S  567.41 Principle  The ASF shall be equipated to sustain its safe and sanitary characterist hazards in the ASF for the protection of patients.  This REGULATION is not	oped, operated and main stics and to minimize hears and employes.		S 6744	Corrective Action: The facility had the preventive maintenance for the Constellation (2 systems)) we completed on 8/2/23. It is scheduled to be performed twice yearly. The facility had the preventive maintenance performed on the Centurian Vision System (s) systems) on 7/27/23. The preventive maintenance is to be performed annually. The facility had the preventive maintenance performed on the Femto Laser LensX on 8/23/23. Moving forward it is scheduled to be performed twice a year. The facility has implemented a Preventive Maintenance Spreadsheet which will be reviewed monthly by the OR Supervist to ensure preventive maintenance is completed preventive maintenance is com	ve ne (3	Completion Date: 08/29/2023 Status: APPROVED Date: 08/30/2023
					Responsible Party: Director of Nursing		

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	2) MULTIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED: BLDG:00		ΞY
		39C0001200		B. WING: _		07/26/2023	
VALLEY F	VIDER OR SUPPLIER: EYE SURGICAL CENTER E NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE  MUST BE PRECEEDED BY FULL REGULATORY OR LSC  IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 42			S 6744	Monitoring Activity: The Preventive Maintenance Spreadsheet will be reviewed DON monthly and report to QAPI Committee quarterly. Noncompliance will be report the GB by the Administrator	the	

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMB		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/26/2023	
		39C0001200		B. WING		07/26/2023	
VALLEY	OVIDER OR SUPPLIER:  EYE SURGICAL CENTER  SE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 43			S 6744			
	Based on review of fact and interview with staff the facility failed to fol preventative maintenar perform surgical proce  Findings include:	of (EMP), it was determined its established process of equipment uses	ermined oolicy for				
	Review on July 20, 202 Maintenance" approved " Equipment used on checked by a qualified to the manufacturer's in kept on each item inclution the results"  1.Observation on July 2. AM revealed surgical es "Constellation" used to procedures. Further remaintenance tag locate	d March 12, 2023, resort for patients will be biomedical person anstruction. Document ading testing perform 20, 2023, of OR 2 at equipment identified a perform vitrectomy view of the preventi	evealed be according ints will be ned and a 10:40 as				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
		39C0001200			OG:00 GG:		
VALLEY I	VIDER OR SUPPLIER: EYE SURGICAL CENTER SE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6744	most recent preventative June 2020.  2. Observation on July 2. AM revealed surgical of "Centurian Vision System perform cataract surger the preventive maintenn machine revealed no domaintenance was performed.  3. Observation on July 2. AM revealed surgical of "Femto Laser Lensx" usurgery. Further observation prevent performed.  Interview on July 20, 2 there was no document maintenance and testing above surgical equipment.	20, 2023, of OR 1 at equipment identified tem" phaco machine rys. Further observation ance tag located on occumentation preventmed.  20, 2023, of OR 1 at equipment identified used to perform ocular vation of the prevent don the machine relative maintenance with the contact of the preventative graph of the preventative graph of the contact of the preventative graph of t	as used to tion of the ntative 10:55 as ar laser ntive wealed no vas	S 6744			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER  39C0001200			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/26/2023		
NAME OF PROVIDER OR SUPPLIER:  VALLEY EYE SURGICAL CENTER  STATE LICENSE NUMBER: 20331501		STREET ADDRESS, 1685 VALLEY Suite 200 BETHLEHEM	CENTER	PARKWAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6744	Continued from page 45			S 6744			

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# **Certified End Page**

#### **VALLEY EYE SURGICAL CENTER**

STATE LICENSE NUMBER: 20331501 SURVEY EXIT DATE: 07/26/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

# **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY